Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Malissa First name  C Middle name  Finnegan Last name and Suffix (Sr., Jr., II, III)	-	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	Malissa Ojeda Finnegan		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1521		

Del	otor 1 Malissa C Finnega	in	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		196 Minrol Street Port Jefferson Stati, NY 11776	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Suffolk County	County
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Malissa C Finnega	n			Case number (if known)	
Par	t 2: Tell the Court About	our Bankruptcy C	ase			
7.	The chapter of the Bankruptcy Code you are			ach, see <i>Notice Required by</i> le 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for e box.	r Bankruptcy
	choosing to file under	Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
8.	How you will pay the fee	about how y	ou may pay. Typicall r attorney is submittir	y, if you are paying the fee yo	k with the clerk's office in your local court burself, you may pay with cash, cashier's c alf, your attorney may pay with a credit ca	heck, or money
		☐ I need to pa	y the fee in installm		on, sign and attach the Application for Indi	viduals to Pay
		ŭ	ee in Installments (Ot	,	n only if you are filing for Chanter 7. By low	u o iudao mou
		but is not red	quired to, waive your	fee, and may do so only if yo	n only if you are filing for Chapter 7. By law our income is less than 150% of the official	poverty line that
					n installments). If you choose this option, y cial Form 103B) and file it with your petition	
					,,,,,	
9.	Have you filed for	■ No.				
	bankruptcy within the last 8 years?	☐ Yes.				
		District		When	Case number	
		District		When	Case number	
		District		When	Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is	■ No □ Yes.				
	not filing this case with you, or by a business partner, or by an affiliate?	165.				
		Debtor			Relationship to you	
		District		When	Case number, if known	
		Debtor			Relationship to you	
		District		When	Case number, if known	
11.	Do you rent your	■ No. Go to	line 12.			
	residence?		our landlord obtained	I an eviction judgment agains	st you?	
			No. Go to line 12.	. 5	-	
				Statement About an Eviction	Judgment Against You (Form 101A) and fi	le it as part of
		_	this bankruptcy pet		5 · · · 5 · · · · · · · · · · · · · · ·	

Part 3: Report About Any Businesses You Own as a Sole Proprietor  12. Are you a sole proprietor of any full- or part-time business?    No.   Go to Part 4.	
12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))	
of any full- or part-time business?  No. Go to Part 4.  Yes. Name and location of business  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  No. Go to Part 4.  Name and location of business  Name of business, if any  Name of business, if any  Number, Street, City, State & ZIP Code  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))	
of any full- or part-time business?  No. Go to Part 4.  Yes. Name and location of business  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  No. Go to Part 4.  Name and location of business  Name of business, if any  Name of business, if any  Number, Street, City, State & ZIP Code  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))	
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Name of business, if any  Name of business, if any  Number, Street, City, State & ZIP Code  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))	
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Name of business, if any  Name of business, if any  Number, Street, City, State & ZIP Code  Number, Street, City, State & ZIP Code  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))	
sole proprietorship, use a separate sheet and attach it to this petition.  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))	
it to this petition.  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))	
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))	
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))	
☐ None of the above	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor so that it to deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance to operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for in 11 U.S.C. 1116(1)(B).	sheet, statement of
No. I am not filing under Chapter 11.	
business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, but I am NOT a small business debtor according to the definition Code.	in the Bankruptcy
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the	e Bankruptcy Code.
Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention	
14. Do you own or have any No. ■ No.	
property that poses or is  alleged to pose a threat Yes.  of imminent and What is the hazard?  identifiable hazard to	
public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed?	
For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs?	
Number, Street, City, State & Zip Code	

Debtor 1 Malissa C Finnegan Case number (if known)

Part 5: Explain Your Efforts t

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Malissa C Finnega	an		Case number (if	known)
Par	t 6: Answer These Quest	ions for Repo	orting Purposes		
	What kind of debts do you have?	16a. <b>A</b> r	e your debts primarily consu	umer debts? Consumer debts are defined I, family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
			Yes. Go to line 17.		
				ess debts? Business debts are debts that ent or through the operation of the busines	
			No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. St	ate the type of debts you owe t	that are not consumer debts or business de	ebts
17.	Are you filing under Chapter 7?	□ No. I a	ım not filing under Chapter 7. G	Go to line 18.	
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt property ole to distribute to unsecured creditors?	is excluded and administrative expenses
	administrative expenses are paid that funds will		No		
	be available for distribution to unsecured creditors?		Yes		
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000	<b>2</b> 5,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	□ 50,001-100,000 □ M
		☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000
19.	How much do you	<b>\$0 - \$50,</b>		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	□ \$50,001 - ■ \$100,001		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
		■ \$100,001 □ \$500,001		□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you estimate your liabilities	<b>\$0 - \$50,0</b>		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?	\$50,001		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
		■ \$100,001 □ \$500,001		□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have exam	ined this petition, and I declare	under penalty of perjury that the information	on provided is true and correct.
				m aware that I may proceed, if eligible, und available under each chapter, and I choos	
				pay or agree to pay someone who is not an utice required by 11 U.S.C. § 342(b).	attorney to help me fill out this
		I request reli	ef in accordance with the chapt	ter of title 11, United States Code, specifie	d in this petition.
		bankruptcy of and 3571.	case can result in fines up to \$2	ncealing property, or obtaining money or pr 250,000, or imprisonment for up to 20 year	
		/s/ Malissa Malissa C Signature of		Signature of Debtor 2	
		Executed on	November 10, 2019	Executed on	
			MM / DD / YYYY		D/YYYY

Debtor 1 Malissa C Finneg	an	Cas	e number (if known)
F		Cara da da a da a da a da a da a da a da	
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, United S	States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, conschedules filed with the petition is incorrect.	ertify that I have no know	ledge after an inquiry that the information in the
, ,	/s/ Glenn A. Reichelscheimer, Esq. Signature of Attorney for Debtor	Date	November 10, 2019 MM / DD / YYYY
	Glenn A. Reichelscheimer, Esq. gr9567		
	The Law Office of Glenn A. Reichelschei	mer	
	98-87 Queens Blvd Rego Park, NY 11374 Number, Street, City, State & ZIP Code		
	Contact phone <b>718-459-5870</b>	Email address	greichelscheimer@ix.netcom.com
	gr9567 NY Bar number & State		

Fill	in this inform	ation to identify your o	case:				
Deb	tor 1	Malissa C Finneg	an				
Doh	otor 2	First Name	Middle Name	Last Name			
	use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Ban	kruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK			
Cas	e number						
(if kn	own)						if this is an led filing
						amone	iou iiii ig
Off	ficial For	m 106Sum					
			ınd Liabilities an	d Certain Statistical Informati	on	1	2/15
infor your	mation. Fill o original form	ut all of your schedule s, you must fill out a r	es first; then complete the	are filing together, both are equally respons e information on this form. If you are filing a the box at the top of this page.			
Part	Summa	rize Your Assets					
						Your as Value o	ssets f what you own
1.	Schedule A/ 1a. Copy line	<b>B: Property</b> (Official Fo	orm 106A/B) om Schedule A/B			\$	163,220.50
	1b. Copy line	62, Total personal prop	perty, from Schedule A/B			\$	44,197.77
	1c. Copy line	63, Total of all property	on Schedule A/B			\$	207,418.27
Part	2: Summa	rize Your Liabilities					
						<b>Your lia</b> Amount	abilities you owe
2.			aims Secured by Property on A, Amount of claim, at th	(Official Form 106D) he bottom of the last page of Part 1 of <i>Schedule</i>	e D	\$	381,405.33
3.			Unsecured Claims (Official (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the	total claims from Part 2	2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F		\$	52,806.69
				Your total liab	ilities \$_		434,212.02
Part	2: Summa	rize Your Income and	Evnoncos				
4.		our Income (Official Fombined monthly income		I		\$	4,438.69
5.		Your Expenses (Official onthly expenses from lin	,			\$	4,518.00
Part	4: Answer	These Questions for	Administrative and Statis	stical Records			
6.	-		er Chapters 7, 11, or 13? on this part of the form. Ch	eck this box and submit this form to the court w	ith your o	ther sch	edules.
7.	■ Yes What kind of	debt do you have?					
				ebts are those "incurred by an individual primar grows for statistical purposes. 28 U.S.C. § 159.	ily for a pe	ersonal,	family, or
				e nothing to report on this part of the form. Che	ck this bo	x and su	ıbmit this form to
O#:	the cour	t with your other sched		ities and Cartain Statistical Information		-	ogo 1 of 2

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information page 1 of 2

Debtor 1	Malissa C Finnegan	C
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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,386.95

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	i otai ciaim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Den	tor 1 <b>Mal</b> i	iono C Fi	n n o a o n					
	First N	i <b>ssa C Fi</b> i <sup>Iame</sup>	Middle	Name	Last Name			
	tor 2 se, if filing) First N	lame	Middle	Name	Last Name			
Unit	ed States Bankruptcy	Court for	the: EASTERN	DISTRI	ICT OF NEW YORK			
Cas	e number							☐ Check if this is ar amended filing
SC n eac hink nforr	it fits best. Be as com	B: Pr	coperty escribe items. List a	e. If two	t only once. If an asset fits in more than or o married people are filing together, both ar this form. On the top of any additional page	e equally respo	onsible for su	pplying correct
		legal or eq			I Estate You Own or Have an Interest In dence, building, land, or similar property?			
.1	196 Minrol Street	•		What	t is the property? Check all that apply			
1.1	<b>196 Minrol Street</b> Street address, if available		cription	What	Single-family home  Duplex or multi-unit building  Condominium or connective	the amount	of any secure	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
11.1			11776-0000 ZIP Code		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare	the amount Creditors M  Current val entire prop	of any secured the Have Claim lue of the lerty?	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?
.1.1	Street address, if available  Port Jefferson Station City	, or other desc	11776-0000	■	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current valentire prop	of any secured the Have Clair.  Jule of the lerty?  26,441.00  The nature of y	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$163,220.50  our ownership interest
1.1	Street address, if available  Port Jefferson Station	, or other desc	11776-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	Current valentire prop \$32  Describe the (such as fer a life estate)	of any secured the Have Clair.  Itue of the serty?  26,441.00  The nature of yet simple, tense), if known.	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$163,220.50  our ownership interest
1.1	Port Jefferson Station City Suffolk	, or other desc	11776-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another er information you wish to add about this iterty identification number:	Current valentire prop \$32  Describe the (such as fea a life estate)  Check (see insem, such as locations)	of any secured the Have Clair.  Itue of the serty?  26,441.00  The nature of yet simple, tense), if known.	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$163,220.50  our ownership interest ancy by the entireties, or
1.1	Port Jefferson Station City Suffolk	, or other desc	11776-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other Chas an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another or information you wish to add about this ite	Current valentire prop \$32  Describe the (such as fea a life estate)  Check (see insem, such as locations)	of any secured the Have Clair.  Itue of the serty?  26,441.00  The nature of yet simple, tense), if known.	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$163,220.50  our ownership interest ancy by the entireties, or

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt	or 1 <u>N</u>	Malissa C Fin	negan		Case number (if known)	
3. <b>Ca</b>	rs, vans	, trucks, tracto	rs, sport utility vel	nicles, motorcycles		
				•		
	Yes					
		121			Do not doduct socu	red claims or exemptions. Put
3.1	Make:	Kia		Who has an interest in the property? Check one	the amount of any s	ecured claims on Schedule D:
	Model:	Rondo 2009		☐ Debtor 1 only	Creditors Who Hav	e Claims Secured by Property.
	Year:	mate mileage:	80,000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	ne Current value of the portion you own?
	• •	formation:	30,000	At least one of the debtors and another	entire property:	portion you own:
	Other in	ioimation.		At least one of the deptors and another		
				☐ Check if this is community property (see instructions)	<b>\$1,736.</b>	900 \$1,736.00
Exa	amples: E			d other recreational vehicles, other vehicles tercraft, fishing vessels, snowmobiles, motorcyc		
				n for all of your entries from Part 2, including that number here		\$1,736.00
Part 3	Descri	ibe Your Person	al and Household Ite	ems		
Do y	ou own o	or have any leg	gal or equitable int	erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E:	kamples: No	goods and fu Major appliance escribe		china, kitchenware		
			Furniture at deb	tor residence		\$2,000.00
<i>E</i>	No	Televisions and including cell pescribe	hones, cameras, m	eo, stereo, and digital equipment; computers, pr edia players, games	rinters, scanners; music co	
			TVs, Stero, CD			\$600.00
Ex	kamples: No		gurines; paintings, <sub>l</sub> ns, memorabilia, col	orints, or other artwork; books, pictures, or othe lectibles	er art objects; stamp, coin,	or baseball card collections;
<i>E</i>	kamples: No	for sports and Sports, photog musical instrur	raphic, exercise, an	d other hobby equipment; bicycles, pool tables,	, golf clubs, skis; canoes a	nd kayaks; carpentry tools;
		· #11111				
	<b>irearms</b> E <i>xamples</i> No	a: Pistols, rifles,	shotguns, ammunit	ion, and related equipment		

Official Form 106A/B Schedule A/B: Property page 2

De	ebtor 1	Malissa C Fi	nnegan			Case number (if known)	
	☐ Yes.	Describe					
11.	□ No		othes, fur	s, leather coats, desi	igner wear, shoes, accessories		
			Clothe	es at debtor resid	ence		\$750.00
12.	□ No		welry, cos	stume jewelry, engaç	gement rings, wedding rings, he	irloom jewelry, watches, gems, go	old, silver
			Jewel	ry on debtor			\$200.00
14.	Example No	Give specific inf	d housel ormation. of all of y	nold items you did i  your entries from Pa	not already list, including any art 3, including any entries fo	r pages you have attached	\$2.550.00
	for Pa	art 3. Write that	number	nere			\$3,550.00
		scribe Your Finan					
D	o you ow	vn or have any l	egal or e	quitable interest in	any of the following?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
16.	□ No		·		me, in a safe deposit box, and o	on hand when you file your petitio	n
						Cash	\$20.00
17.	Examp				ounts; certificates of deposit; sha with the same institution, list ea Institution name:	ares in credit unions, brokerage heach.	ouses, and other similar
			17.1.	Checking	Account at Chase Ba	ank	\$5.00
			17.2.	savings	Account at Chase		\$7.29
			17.3.	Checking	TD Bank		\$0.00
				_			

Schedule A/B: Property

Official Form 106A/B

De	ebtor 1	Malissa C Finnegan	Case number (if known)	
18.		, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with brokera	ge firms, money market accounts	
		Institution or issuer name	:	
19.		ublicly traded stock and interests in incorporated renture	d and unincorporated businesses, including an interest in a	an LLC, partnership, and
	■ No			
	☐ Yes.	Give specific information about them  Name of entity:	% of ownership:	
20.	Negot	nment and corporate bonds and other negotiable iable instruments include personal checks, cashiers' egotiable instruments are those you cannot transfer	' checks, promissory notes, and money orders.	
	☐ Yes.	Give specific information about them Issuer name:		
21.	Exam <sub>l</sub> □ No □		, thrift savings accounts, or other pension or profit-sharing plans	5
	Yes.	List each account separately.	Institution name:	
		Type of account:	Institution name:	
			NYSLR ID Retirement	\$38,879.48
	Your s Examp		c utilities (electric, gas, water), telecommunications companies,	or others
	☐ Yes.		Institution name or individual:	
23.	Annuit ■ No	ies (A contract for a periodic payment of money to y	ou, either for life or for a number of years)	
	☐ Yes.	Issuer name and description.		
24.	Interes: 26 U.S.	ts in an education IRA, in an account in a qualified C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ed ABLE program, or under a qualified state tuition program	n.
	Yes.	Institution name and description. Sep	parately file the records of any interests.11 U.S.C. § 521(c):	
25.	■ No	, equitable or future interests in property (other to Give specific information about them	than anything listed in line 1), and rights or powers exercise	able for your benefit
26.		s, copyrights, trademarks, trade secrets, and otholes: Internet domain names, websites, proceeds fro		
		Give specific information about them		
27.	Exam	es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperativ	ve association holdings, liquor licenses, professional licenses	
	■ No □ Yes.	Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

De	ebtor 1	Malissa C Finnegan	Case number (if known)	
28.	Tax ref	funds owed to you		
	■ No	,		
	☐ Yes.	Give specific information about them, including whether you a	already filed the returns and the tax years	
29.	Family	support		
	Examp	oles: Past due or lump sum alimony, spousal support, child su	pport, maintenance, divorce settlement, property	settlement
	■ No			
	⊔ Yes.	Give specific information		
00	041			
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability b	penefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	_	benefits; unpaid loans you made to someone else		·
	■ No			
	⊔ Yes.	Give specific information		
31.		sts in insurance policies	-1 (110A)	
	Examp  ■ No	oles: Health, disability, or life insurance; health savings account	nt (HSA); credit, nomeowner's, or renter's insurar	nce
	_	Name the insurance company of each policy and list its value		
		Company name:	Beneficiary:	Surrender or refund
				value:
32.		terest in property that is due you from someone who has		-:
		are the beneficiary of a living trust, expect proceeds from a life one has died.	e insurance policy, or are currently entitled to rece	eive property because
	■ No			
	☐ Yes.	Give specific information		
33.		against third parties, whether or not you have filed a law bles: Accidents, employment disputes, insurance claims, or rig		
	■ No	sies. Accidente, employment disputes, integrance diamie, et hig		
	☐ Yes.	Describe each claim		
34	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims of the debtor and rights to	set off claims
0-1.	■ No	oriningoni and anniquidated elamic of every nature, meta-	anig counterclaning of the dobter and rigine to	out on siamic
	☐ Yes.	Describe each claim		
25	Any fin	nancial assets you did not already list		
55.	■ No	iancial assets you did not alleady list		
		Give specific information		
36		the dollar value of all of your entries from Part 4, including		\$38,911.77
	101 F	art 4. Write that number here		
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real estate in Part 1.	
27	Deven	own or have any legal or equitable interest in any business-relate	d preparty?	
	_ ′	o to Part 6.	u property?	
_	_	Go to line 38.		
		33 6 30		
	_			
Pa		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interest In.	
40	D	and the second s		
46.		own or have any legal or equitable interest in any farm-	or commercial fishing-related property?	
	_	Go to Part 7.		
	⊔ Yes	Go to line 47.		
De	ort 74	Describe All Property Voy Own or House on Interest in That Van	Did Not List Abovo	
Fε	ırt 7:	Describe All Property You Own or Have an Interest in That You	DIG MOL FISE WHOSE	

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Official Form 106A/B

Debto	Malissa C Finnegan		Case number (if known)	
	o you have other property of any kind you did not already list? Examples: Season tickets, country club membership			
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$163,220.50
56.	Part 2: Total vehicles, line 5	\$1,736.00		
57.	Part 3: Total personal and household items, line 15	\$3,550.00		
58.	Part 4: Total financial assets, line 36	\$38,911.77		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$44,197.77	Copy personal property to	stal <b>\$44,197.77</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$207,418.27

Official Form 106A/B Schedule A/B: Property page 6

	Il in this information to	o identify your ca	ase:				
De		ssa C Finnega					
De	First Nebtor 2	lame	Middle Name	L	ast Name		
	ouse if, filing) First N	lame	Middle Name	L	ast Name		
Ur	nited States Bankruptcy	Court for the:	EASTERN DISTRICT OF NE	EW Y	ORK		
Ca	ase number	-					
	(nown)					☐ Check if	this is an
						amende	d filing
O	fficial Form 1	06C					
			perty You Cla	im	as Evemnt		4/40
_	criedule C.	THE FIG	perty Tou Cla		i as Exempt		4/19
					ther, both are equally responsible for		
nee	eded, fill out and attach				our source, list the property that you age as necessary. On the top of any		
	e number (if known).						
					ount of the exemption you claim. ir market value of the property be		
any	applicable statutory	limit. Some exer	nptions—such as those for	heal	th aids, rights to receive certain b	penefits, and tax-exer	npt retirement
					nption of 100% of fair market valu determined to exceed that amoun		
to t	he applicable statuto	ry amount.		•			
Pa	It 1: Identify the Pi	roperty You Clair	n as Exempt				
1.	Which set of exemp	tions are you cla	iming? Check one only, ever	n if yc	our spouse is filing with you.		
	☐ You are claiming s	tate and federal n	onbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	■ You are claiming for	ederal exemptions	s. 11 U.S.C. § 522(b)(2)				
2.	For any property yo	u list on Schedu	le A/B that you claim as exe	empt,	fill in the information below.		
	Brief description of the	property and line	on Current value of the	Am	ount of the exemption you claim	Specific laws that allo	ow exemption
	Schedule A/B that lists	this property	portion you own	Observations have for each accounting			
			Copy the value from Schedule A/B	Cne	eck only one box for each exemption.		
	196 Minrol Street		\$163,220.50		\$163,220.50	11 U.S.C. § 522(d	l)(1)
	Station, NY 11776 Original Creditor				100% of fair market value, up to		
	Mortgage	rtationotal			any applicable statutory limit		
	Line from Schedule A	VB: <b>1.1</b>					
	2009 Kia Rondo 8	0,000 miles	\$1,736.00		\$868.00	11 U.S.C. § 522(d	l)(2)
	Line from Schedule A	VB: <b>3.1</b>	φ1,730.00	_			
				_	100% of fair market value, up to any applicable statutory limit		
						44 11 0 0 0 5 500 (	) (a)
	Furniture at debto		\$2,000.00		\$2,000.00	11 U.S.C. § 522(d	1)(3)
		<b>, _,</b>			100% of fair market value, up to		
					any applicable statutory limit		
	TVs, Stero, CD		\$600.00		\$600.00	11 U.S.C. § 522(d	)(3)
	Line from Schedule A	√B: <b>7.1</b>		_	<u> </u>		
				_	100% of fair market value, up to any applicable statutory limit		
	Clothes at debtor	rosidonos				11 11 9 0 9 500/-	1)(3)
	Cionies at deptor	i esidelice	\$750.00		\$750.00	11 U.S.C. § 522(d	)(J)

Official Form 106C

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 11.1

Debto	Malissa C Finnegan			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property		Current value of the Amount of the exemption you claim Specific laws that allow e portion you own			
		Copy the value from Check only one box for each Schedule A/B		eck only one box for each exemption.	
	ewelry on debtor ne from Schedule A/B: 12.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(4)
	The Horn Generalize PAD. 12.1			100% of fair market value, up to any applicable statutory limit	
	YSLR ID Retirement ne from Schedule A/B: 21.1	\$38,879.48		\$38,879.48	11 U.S.C. § 522(d)(12)
	THE HOLL SCHEAULE PAD. 21.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cove No Yes	3 years after that for ca	ases fi	,	,

	nformation to identify you	r case:				
Debtor 1	Malissa C Finne	gan				
	First Name	Middle Name Last Na	ame			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Na	ame			
, , ,	s Bankruptcy Court for the:					
United State	s bankrupicy Court for the.	EASTERN DISTRICT OF NEW TORK	•			
Case number	er					
(if known)					_	k if this is an
					amen	ded filing
Official F	orm 106D					
		Who Have Claims Seco	ured h	v Propert	V	12/15
Scriedo	ile D. Creditors	Wild Have Claims Sect	ui eu L	y Fropert	<u>y                                    </u>	12/13
	by the Additional Page, fill it o	If two married people are filing together, both out, number the entries, and attach it to this f				
`	litors have claims secured by	your property?				
`	-	nis form to the court with your other schedu	ıles. You h	ave nothing else t	o report on this form.	
_	Fill in all of the information	•		J		
	st All Secured Claims					
				Column A	Column B	Column C
for each claim	. If more than one creditor has	nore than one secured claim, list the creditor sep a particular claim, list the other creditors in Part		Amount of claim	Value of collateral	Unsecured
much as possi	ble, list the claims in alphabeti	cal order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Nation	nstar Mortgage LLC	Describe the property that secures the clair		\$381,405.33	\$326,441.00	\$54,964.33
Creditor's	Name	196 Minrol Street Port Jefferson				
C/O R	AS Boroxlin, LLC	Station, NY 11776 Suffolk County				
	erchants	Original Creditor Nationstar Mortgage				
Conce Suite		As of the date you file, the claim is: Check all	that			
	oury, NY 11590	apply.				
	Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated				
Nullibel,	Sileel, Oily, State & Zip Code	☐ Disputed				
Who owes th	ne debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 o	nlv	☐ An agreement you made (such as mortgage	e or secured	1		
Debtor 2 o	•	car loan)				
	nd Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
At least on	e of the debtors and another	☐ Judgment lien from a lawsuit	•			
	his claim relates to a	Other (including a right to offset)				
	s incurred	Last 4 digits of account number	2015			
Date debt wa	·					
Date debt was						
	lar value of your entries in C	olumn A on this page. Write that number here	<b>)</b> :	\$381,40	5.33	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

	in this inform							
FIII	in this inform	ation to identify your						
Deb	tor 1	Malissa C Finnega			Last Name		_	
Dob	tor 2	First Name	Middle Nar	ne	Last Name			
	ise if, filing)	First Name	Middle Nar	ne	Last Name		_	
Unite	ed States Ban	kruptcy Court for the:	EASTERN D	ISTRICT OF NE	W YORK		_	
Case (if kno	e number						_	theck if this is an mended filing
	cial Form	<u>106E/F</u> <b>/F: Creditors W</b>	′ho Have ∖	Unsecure	d Claims			12/15
any e Sched Sched left. A name	xecutory contr dule G: Execute dule D: Credito attach the Cont and case num	accurate as possible. Us acts or unexpired leases ory Contracts and Unexpires Who Have Claims Secionation Page to this pagiber (if known).	that could resul ired Leases (Off ured by Property e. If you have no	t in a claim. Also icial Form 106G). y. If more space is o information to r	o list executory of . Do not include s needed, copy	contracts on Schedule A any creditors with parti the Part you need, fill it	VB: Property (Officionally secured claims out, number the entering the	that are listed in tries in the boxes on the
Part		rs have priority unsecure						
	No. Go to Pa		u ciaiiiis agaiiisi	your				
	■ No. Go to Pa □ Yes.	art Z.						
	□ Yes.							
Part	2: List All	of Your NONPRIORIT	Y Unsecured (	Claims				
3. [	Do any creditor	rs have nonpriority unsec	ured claims aga	inst you?				
[	☐ No. You have	e nothing to report in this pa	art. Submit this fo	rm to the court wit	th vour other sche	edules.		
	Yes.	gg			,			
t t	unsecured claim	nonpriority unsecured cla n, list the creditor separately r holds a particular claim, li	for each claim. F	For each claim liste	ed, identify what t	type of claim it is. Do not I	ist claims already inc	luded in Part 1. If more
								Total claim
4.1	Amazon	/Synchrony Bk	ı	_ast 4 digits of a	ccount number	7598		\$623.79
		Creditor's Name		When was the de	bt incurred?	2014		
		GA 30348-5972 reet City State Zip Code		As of the date yes	u filo the eleim i	is: Check all that apply		
		red the debt? Check one.	,	as of the date you	u file, the claim	is: Check all that apply		
	■ Debtor		ı	☐ Contingent				
	Debtor 2	•		☐ Contingent☐ Unliquidated				
		2 only 1 and Debtor 2 only		☐ Disputed				
		one of the debtors and and	_	u disputed Type of NONPRIC	ORITY unsecure	d claim:		
	_		inei I	☐ Student loans				
	debt	if this claim is for a comr n subject to offset?	nunity 			aration agreement or divo	rce that you did not	
	■ No	•				ng plans, and other similar	r debts	
	□ Yes			Other. Specify	-			
	<b>—</b> 163			<ul><li>Otner. Specify</li></ul>	J. Julioai u			_

Debto	r 1 Malissa C Finnegan	Case number (if known)				
4.2	American Express	Last 4 digits of account number 3008	\$5,074.51			
	Nonpriority Creditor's Name PO box 1270	When was the debt incurred? 2006				
	Newark, NJ 07101-1270  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	Other. Specify creditcard				
4.3	Capital One	Last 4 digits of account number	\$2,579.84			
	Nonpriority Creditor's Name PO Box 71083	When was the debt incurred? 2011				
	Charlotte, NC 28272-1083  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	Пол				
	_ ′	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify creditcard				
4.4	Capital One/Dressbarn	Last 4 digits of account number 4515	\$1,209.12			
	Nonpriority Creditor's Name		Ψ1,200.12			
	C/O Midland Credit Mgmt I PO Box 2000	When was the debt incurred? 2016				
	Warren, MI 48090-2000  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you file, the claim is. Offect all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only					
		☐ Disputed  Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	_	creditcard				
	☐ Yes	■ Other. Specify <b>8578511683-mcm</b> #				

Debtor	1 Malissa C Finnegan	Case number (if known)	
4.5	Chase Nonpriority Creditor's Name Cardmember Services	Last 4 digits of account number 3251  When was the debt incurred?	\$2,254.51
	PO Box 15153 Wilmington, DE 19886-5153 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify creditcard	
4.6	Chase Cardmember Svcs Nonpriority Creditor's Name	Last 4 digits of account number 7635	\$1,588.95
	PO Box 15153 Wilmington, DE 19886-5153	When was the debt incurred? 2012	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify <b>creditcard</b>	
4.7	Citibank/Bestbuy	Last 4 digits of account number 9103	\$1,178.16
	Nonpriority Creditor's Name C/O Radius Global Sol PO Box 390905 Mail Cde CBBK2	When was the debt incurred? 2017	
	Minneapolis, MN 55439		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify creditcard	

Debtor	Malissa C Finnegan		Case number (if known)	
4.8	Credit One	Last 4 digits of account number	7486	\$585.86
	Nonpriority Creditor's Name PO Box 60500	When was the debt incurred?	2015	
	City of Industry, CA 91716-0500  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	□Yes	Other. Specify creditcard		
4.9	Discover Card	Last 4 digits of account number	0277	\$3,572.28
	Nonpriority Creditor's Name	_		. ,
	Bankruptcy UNIT PO BOX 16316	When was the debt incurred?	2018	
	Wilmington, DE 19850			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify creditcard		
4.1	Home Depot Credit Svcs	Last 4 digits of account number	8693	\$4,602.39
0	Nonpriority Creditor's Name			<b>V</b> 1,002.00
	Processing Center Des Moines, IA 50364-0500	When was the debt incurred?	2008	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	Other Specify creditcard		

Debt	or 1 Malissa C Finnegan		Case number (if known)	
4.1 1	JC Penney	Last 4 digits of account number	9455	\$182.41
<u> </u>	Nonpriority Creditor's Name PO Box 960090 Orlando, FL 32896-0090	When was the debt incurred?	2015	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify creditcard	_	
4.1 2	JC Penney	Last 4 digits of account number	4031	\$1,307.41
	Nonpriority Creditor's Name PO Box 960090 Orlando, FL 32896-0090	When was the debt incurred?	2011	
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify creditcard		
4.1 3	Kohl's Nonpriority Creditor's Name	Last 4 digits of account number	444	\$2,979.99
	PO Box 2983 Milwaukee, WI 53281-2983	When was the debt incurred?	2016	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured		
	☐ At least one of the debtors and another	d claim:		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	<u> </u>	Debts to pension or profit-sharin	a plane, and other similar debts	
	■ No	·	א אימויס, מווע טנוופו אווווומו עפטנא	
	Yes	Other. Specify creditcard		

Debto	Malissa C Finnegan		Case number (if known)	
4.1	Macy's	Last 4 digits of account number	9254	\$86.17
	Nonpriority Creditor's Name PO Box 9001108 Louisville, KY 40290-1108	When was the debt incurred?	2014	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify creditcard		
4.1 5	Macy's /American Express	Last 4 digits of account number	5272	\$3,270.87
	Nonpriority Creditor's Name PO Box 9001108 Louisville, KY 40290-1108	When was the debt incurred?	2014	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify creditcard		
4.1 6	Merrick Bank Nonpriority Creditor's Name	Last 4 digits of account number	2037	\$1,370.36
	PO Box 171379 Salt Lake City, UT 84117-1139	When was the debt incurred?	2011	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other, Specify creditcard		

Debto	r 1 Malissa C Finnegan	Case number (if known)				
4.1	NAPA EASYPAY SYNCH BK	Last 4 digits of account number	4822	\$667.17		
	Nonpriority Creditor's Name po bOX 960061 Orlando, FL 32896-0061	When was the debt incurred?	2015			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed	Latet a			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify creditcard				
4.1 8	Nationstar Mortgage LLC  Nonpriority Creditor's Name	Last 4 digits of account number	2015	Unknown		
	C/O RAS Boriskin, LLC 900 Merchants Concourse, Suite 310	When was the debt incurred?	2015			
	Westbury, NY 11590					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	Student loans				
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify possible de	eficency			
4.1	Smart Tuition	Last 4 digits of account number	0199	\$2,076.80		
9	Nonpriority Creditor's Name			<del></del>		
	PO Box 11731 Newark, NJ 07101-4731	When was the debt incurred?	2018			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	Student loans	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	nation agreement of divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Other Specify				

Debto	Malissa C Finnegan	Case number (if known)					
4.2	Synchrony Bank	Last 4 digits of account number	5403	\$1,872.40			
<u> </u>	Nonpriority Creditor's Name C/O Solomon & Solomon PC One Columbia Circle	When was the debt incurred?	2013				
	Albany, NY 12203  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	Пол					
	_ ′	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	1 claim:				
	At least one of the debtors and another	Student loans	a diami.				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	□Yes	Other Specify creditcard					
4.2	Target Card Svc/TD Bk	Last 4 digits of account number	6847	\$9,000.00			
	Nonpriority Creditor's Name 3901 West 53rd street Sioux Falls, SD 57106-4216	When was the debt incurred?	2008				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify creditcard					
4.2	TJX Rewards c/o Synchrony Nonpriority Creditor's Name	Last 4 digits of account number	0094	\$3,004.48			
	Zwicker & Associates PC 80 Minuteman Road	When was the debt incurred?	2012				
	Andover, MA 01810-1008  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	·				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	■ Other, Specify Creditcard					

Debto	Malissa C Finnegan		Case number (if known)	
4.2	Toy R Us/CC/SYNCB	Last 4 digits of account number	8106	\$1,577.08
	Nonpriority Creditor's Name PO Box 530938 Atlanta, GA 30353-0938	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim i		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify creditcard		
4.2	Victoria Secrets	Last 4 digits of account number	5362	\$507.08
	Nonpriority Creditor's Name PO Box 659728 San Antonio, TX 78265-8728	When was the debt incurred?	2011	
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify creditcard		
4.2	Walmart/Synchr	Last 4 digits of account number	4910	\$1,635.06
	Nonpriority Creditor's Name	_		
	C/O Portfolio Recovery PO Box 12914	When was the debt incurred?	2015	
	Norfolk, VA 23541  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	<b>,</b>		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify _creditcard		

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1	Malissa C Finnegan	Case number (if known)	

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	٠,		0.6	Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 52,806.69
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 52,806.69

Fill in this infor	rmation to identify your	case:		
Debtor 1	Malissa C Finneg	an		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F NEW YORK	
Case number				
(if known)				

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

		Name, Number	, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					<u> </u>
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>

Official Form 106G

Fill in this info	rmation to identify your	case:			
Debtor 1	Malissa C Finneg	an			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number (if known)					☐ Check if this is an amended filing
	orm 106H • H: Your Code	ebtors			12/15
people are filing ill it out, and no our name and	g together, both are equa umber the entries in the case number (if known)	ally responsible for supp	lying correct information the Additional Page to the Additional Page	n. If more space is no his page. On the top	te as possible. If two married eeded, copy the Additional Page of any Additional Pages, write
•	()	ou are iming a joint case, s	o not not onnot opouco at		
□ No					
Yes					
		<b>lived in a community pro</b> Nevada, New Mexico, Pue			states and territories include
■ No. Go to	o line 3.				
☐ Yes. Did	your spouse, former spou	se, or legal equivalent live	with you at the time?		
in line 2 ag	ain as a codebtor only it ), Schedule E/F (Official	that person is a guarant	or or cosigner. Make su	re you have listed th	with you. List the person show e creditor on Schedule D (Officia Schedule E/F, or Schedule G to f
	mn 1: Your codebtor Number, Street, City, State and ZII	<sup>o</sup> Code		Column 2: The cree Check all schedules	ditor to whom you owe the debt s that apply:
196 I	es Finnegan Minrol Street Jefferson Station, NY	11776		■ Schedule D, lir □ Schedule E/F, □ Schedule G Nationstar Mortg	line

Schedule H: Your Codebtors

Fill	in this information t	o identify your c	ase:				Ī			
	otor 1	Malissa C Fi								
	otor 2 ouse, if filing)									
Uni	ted States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF NEW YORK		_				
Of Be a suppose attack	plying correct info use. If you are sep ch a separate shee	Your Inconcurate as possormation. If you parated and you get to this form.	OME sible. If two married peo are married and not filin r spouse is not filing wi On the top of any addition	ng jointly, and your s th you, do not inclu	spouse de infor	is liv mati	13 incom  MM / DD,  and Debtor 2), king with you, incon about your s	ded filing ment show as of the YYYY	ormation about y more space is n	12/15 ble for your eeded,
1.	Tt 1: Describe	e Employment ovment								
•	information.	- y		Debtor 1					n-filing spouse	
	If you have more attach a separate	page with	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			□ Em	oloyed employe	d	
	information about employers.	additional	Occupation	Disablity			<b>—</b> Not	employe	u	
	Include part-time, self-employed wo		Employer's name							
	Occupation may i or homemaker, if		Employer's address	NY						
			How long employed the	nere?						
Par	t 2: Give De	tails About Mor	nthly Income							
spou If yo	use unless you are	separated. spouse have mo	ore than one employer, cothis form.	·				son on th	·	J
2.			ry, and commissions (be calculate what the monthl		2.	\$	0.00	_	2,481.95	
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

0.00

2,481.95

Deb	tor 1	Malissa C Finnegan	_	Case	number (if known)			
	Con	w line 4 hore	4.	For	Debtor 1	For Deb	g spouse	
	СОР	y line 4 here	4.	Φ_	0.00	Φ	2,481.95	_
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	0.00	\$	331.34	_
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	148.92	_
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$_ \$	0.00	\$ \$	0.00	_
	5e.	Insurance	5e.	\$_	0.00	\$	468.00	_
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	_
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	_
	5h.	Other deductions. Specify:	_ 5h.+	- \$	0.00	+ \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	948.26	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	1,533.69	<b>-</b> -
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce						
	0.1	settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	_
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$_ \$	0.00	\$ \$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$	0.00	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	_
	8h.	husband second job as a uber Other monthly income. Specify: driver	8h.+	- \$	0.00	¢	500.00	
	OII.	Other monthly income. Specify: driver Sun Life Financial Disability	_ 011.7	- <sub>\$</sub> -	2,405.00	\$	0.00	_
		Can Elic I manolal bisability	_		2,400.00	<u> </u>	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,405.00	\$	500.0	0
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$		2,405.00 + \$	2,033.0	<b>69</b> = \$	4,438.69
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen	,	,	ed in <i>Sche</i> e	dule J. 1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies				if it	2. \$	4,438.69
							Combi	
13.	Do y ■	you expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?				monthl	y income

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	Malissa C Finnegan		Che □	eck if this is: An amended filing	
	otor 2			A supplement show	ving postpetition chapter
	ouse, if filing)			13 expenses as of	ine following date.
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO	DRK		MM / DD / YYYY	
	se number nown)				
	fficial Form 106J				
	chedule J: Your Expenses	- filing to wath an ib a		valle raamamailela fa	12/15
info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this funder (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
••	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate House	<i>hold</i> of De	btor 2.	
2.	Do you have dependents? □ No				
	Do not list Debtor 1 and Debtor 2.  Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Daughter		9 years	■ Yes □ No
					☐ Yes
					□ No
					☐ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				Li res
Est	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a supplicitable date.	ou are using this fo lemental Sc <i>hedul</i> e	orm as a s J, check t	upplement in a Cha the box at the top of	pter 13 case to report f the form and fill in the
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Y ficial Form 106I.)	•		Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$	40.00
_	4d. Homeowner's association or condominium dues		4d.	·	0.00
5.	Additional mortgage payments for your residence, such as hor	ne equity loans	5.	<b>D</b>	0.00

Debtor 1 Malissa C F	innegan	Case num	nber (if known)	
6. Utilities:				
6a. Electricity, he	at, natural gas	6a.	\$	230.00
•	garbage collection	6b.		20.00
· · · · · · · · · · · · · · · · · · ·	ell phone, Internet, satellite, and cable services	6c.	·	315.00
6d. Other. Specify	r coll	64		275.00
pseg	Cell		\$	190.00
Food and houseke	oning cumplico		·	
	eping supplies Iren's education costs	8.	· .	800.00
			·	500.00
Clothing, laundry,		9.	· .	240.00
Personal care prod		10.	*	200.00
Medical and dental	•	11.	\$	297.00
	lude gas, maintenance, bus or train fare.	12.	\$	600.00
Do not include car p				
	os, recreation, newspapers, magazines, and books	13.		230.00
	tions and religious donations	14.	\$	50.00
Insurance.				
Do not include insur	ance deducted from your pay or included in lines 4 or 20	). 15a.	¢	0.00
			·	0.00
15b. Health insura		15b.	·	75.00
15c. Vehicle insura		15c.		196.00
15d. Other insuran		15d.	\$	0.00
Taxes. Do not include Specify:	de taxes deducted from your pay or included in lines 4 o	r 20. 16.	\$	0.00
Installment or leas		47-	Φ.	
17a. Car payments		17a.	· .	0.00
17b. Car payments		17b.	*	0.00
17c. Other. Specify			·	0.00
17d. Other. Specify		17d.	\$	0.00
Your payments of	alimony, maintenance, and support that you did not	report as	\$	0.00
	r pay on line 5, Schedule I, Your Income (Official For u make to support others who do not live with you.	m 1061).	\$	0.00
	u make to support others who do not live with you.	10	*	0.00
Specify:	expenses not included in lines 4 or 5 of this form o	19.		
20a. Mortgages on		20a.		0.00
20b. Real estate ta		20b.		0.00
		20b. 20c.	·	
	eowner's, or renter's insurance		·	0.00
•	repair, and upkeep expenses	20d.	· .	0.00
	association or condominium dues	20e.	·	0.00
	undries	21.	+\$	180.00
husbands credit	cards		+\$	80.00
Calculate your mor				
22a. Add lines 4 thro	•		\$	4,518.00
22b. Copy line 22 (n	nonthly expenses for Debtor 2), if any, from Official Form	106J-2	\$	
22c. Add line 22a ar	d 22b. The result is your monthly expenses.		\$	4,518.00
	, , ,			,
Calculate your mor	•	<b>-</b>	•	
	your combined monthly income) from Schedule I.	23a.	·	4,438.69
23b. Copy your mo	nthly expenses from line 22c above.	23b.	-\$	4,518.00
23c. Subtract your	monthly expenses from your monthly income.			
	our monthly net income.	23c.	\$	-79.31
	ncrease or decrease in your expenses within the year opect to finish paying for your car loan within the year or do you is of your mortgage?			ase or decrease because of a
	plain here:			
<b>_</b> 103.	p			

Fill in th	is informa	tion to identify your	case:						
Debtor 1		Malissa C Finneg	an						
		First Name	Middle Name	Las	Name				
Debtor 2 (Spouse if, t		First Name	Middle Name	Las	Name				
United S	tates Bank	ruptcy Court for the:	EASTERN DISTRICT (	OF NEW YO	RK				
Case nui (if known)	mber						☐ Check if this is ar amended filing	n	
		106Dec							
Decl	aratio	on About a	n Individual	l Debte	or's Schedu	les		12/15	
	Sign E								
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?									
	No								
	Yes. Nar	me of person					Bankruptcy Petition Preparer's Notice, tion, and Signature (Official Form 119)		
		of perjury, I declare rue and correct.	that I have read the sun	nmary and s	chedules filed with this	declarati	on and		
x	/s/ Maliss	sa C Finnegan		Х					
Malissa		C Finnegan of Debtor 1			Signature of Debtor 2				
	Date No	vember 10, 2019			Date				

Official Form 106Dec

Fill i	n this inform	ation to identify you	case:						
Debtor 1		Malissa C Finne	gan						
D. I.	0	First Name	Middle Name	Last Name					
Debt (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name					
Unite	ed States Bar	kruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK					
Case	number								
(if kno					_	Check if this is an mended filing			
<b>○</b> (()		407							
	icial For		Affaire for leading	luala Filima fan D					
Sta	tement	of Financial A	Affairs for Individ	duals Filing for B	ankruptcy	4/19			
					equally responsible for sup additional pages, write you				
numb	er (if known	). Answer every ques	stion.						
Part	1: Give D	etails About Your Ma	rital Status and Where You	Lived Before					
1. \	What is your	current marital statu	s?						
	<b>.</b>								
1	■ Married □ Not marr	ried							
2. I	Ouring the la	rring the last 3 years, have you lived anywhere other than where you live now?							
ı	No								
Ī	_	all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>'</i> .				
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
3. \	Within the la	st 8 years, did you ev	ver live with a spouse or leg	al equivalent in a commun	ity property state or territory	<b>y?</b> (Community property			
					co, Texas, Washington and W				
ı	No								
I	☐ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).					
Part	2 Explain	n the Sources of You	r Income						
rare	Explain	Time Courses or Tou	· moonic						
F	<ul> <li>Did you have any income from employment or from operating a business during this year or the two previous calendar years?</li> <li>Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.</li> <li>If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.</li> </ul>								
[	□ No								
ı	Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income	Gross income	Sources of income	Gross income			
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)			
For last calendar year: (January 1 to December 31, 2018)		•	■ Wages, commissions, bonuses, tips	\$89,635.00	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

De	ebtor 1 Mal	issa C Finnegan				Ca	se number (if known)		
			Debtor 1				Debtor 2		
				of income that apply.		s income re deductions and sions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		ar year before that: December 31, 2017)	■ Wages bonuses,	s, commissions, tips		\$140,127.00	☐ Wages, com bonuses, tips	missions,	
			☐ Opera	ting a business			☐ Operating a	business	
5.	Include inco and other p winnings. If List each so		ether that inco s; pensions; r ase and you	ome is taxable. Exame is taxable, example income; intellibrate income that y	amples of rest; divic you recei	f other income are lends; money colle ved together, list it	alimony; child supp cted from lawsuits; only once under De	royalties; an ebtor 1.	ecurity, unemployment, d gambling and lottery
	■ No □ Yes F	ill in the details.							
			Debtor 1				Debtor 2		
				of income below.	each	s income from source e deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Payments Yo	ou Made Befo	ore You Filed for	Bankrup	tcy			
6.	□ No.	individual primarily for During the 90 days be INO. Go to line INO Yes List below paid that	Debtor 2 had a personal, for a personal, for you filed a 7.  If y each creditor creditor. Do role payments to the payments to	as primarily consumates family, or househood for bankruptcy, did not to whom you painot include payments an attorney for the san attorn	Imer dek Id purpos id you pa id a total hts for do his bankr	ots. Consumer deb ee." y any creditor a tot of \$6,825* or more mestic support obli uptcy case.	al of \$6,825* or more paying ations, such as ch	re? ments and tl ild support a	1(8) as "incurred by an he total amount you nd alimony. Also, do
		<b>Debtor 1 or Debtor 2</b> During the 90 days be					al of \$600 or more?		
		include p	v each credito	lomestic support o			nd the total amount opport and alimony.		t creditor. Do not nclude payments to an
	Creditor's	Name and Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	payment for
7.	Insiders income of which yo		ny general pa or, person in	rtners; relatives of control, or owner of	any gene of 20% or	eral partners; partn more of their votin	erships of which young securities; and ar	u are a gene ny managing	ral partner; corporations agent, including one for
	■ No								
		ist all payments to an	insider.	_				_	
	Insider's I	Name and Address		Dates of payme	ent	Total amount	Amount you	Reason fo	r this payment

Del	otor 1 Malissa C Finnegan		Case	number ( <i>if known</i> )		
В.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer an	y property on a	ccount of a de	bt that benefited an
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include credi	this payment tor's name
Pai	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of the	e case
	Case number					
	Nationstasr Mortgages LLC against James Finnegan, Malissa Finnegan,	Foreclosure Suffolk County			■ Pending □ On appeal □ Concluded	
	601528/15E				foreclosur	е
	<ul><li>□ No. Go to line 11.</li><li>■ Yes. Fill in the information below.</li></ul>					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	d			property
	Nationstar Mortgage LLC C/O RAS Boriskin, LLC 900 Merchants Concourse, Suite 310 Westbury, NY 11590	house in foreclosure Street, Port Jefferso Sale Date November Original Mortagor Na C/O RAS Boriskin, L 900 Merchants Cnco Westbury NY 11590	n Station, NY 1177 · 20, 2019 ationstar LC		0-19	Unknown
		☐ Property was reposse	essed.			
		Property was foreclos				
		☐ Property was garnish				
		☐ Property was attache	d, seized or levied.			
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No Yes. Fill in the details.		luding a bank or fina	ncial institutior	ı, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes		erty in the possession	n of an assigne	e for the bene	fit of creditors, a

Dei	otor 1 Malissa C Finnegan			Jase number	(if known)	
Paı	t 5: List Certain Gifts and Contribution	าร				
13.	Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift.	ruptcy,	did you give any gifts with a total val	ue of more t	han \$600 per person′	?
	Gifts with a total value of more than \$60 per person	Describe the gifts		Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:	l				
14.	Within 2 years before you filed for banks ■ No			ns with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total	Describe what you contributed		Dates you contributed	Value
Pai	t 6: List Certain Losses					
5.	Within 1 year before you filed for bankru or gambling?  No Yes. Fill in the details.	ıptcy oı	r since you filed for bankruptcy, did y	ou lose any	thing because of thef	t, fire, other disaster
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the lette the amount that insurance has paid. I unce claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfer	s				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	prepari	ing a bankruptcy petition?			rty to anyone you
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
17.	Within 1 year before you filed for bankrupromised to help you deal with your creed not include any payment or transfer that No Yes. Fill in the details.	ditors o	or to make payments to your creditor		or transfer any prope	rty to anyone who
	Person Who Was Paid		Description and value of any prop	erty	Date payment	Amount of
	Address		transferred		or transfer was made	payment
18.	Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No	<b>ur bus</b> iı s made	ness or financial affairs? as security (such as the granting of a s		-	
	Yes. Fill in the details.			_		
	Person Who Received Transfer Address		Description and value of property transferred		any property or s received or debts schange	Date transfer was made
	Person's relationship to you					

Official Form 107

Del	btor 1 Malissa C Finnegan		Case no	umber (if known)		
19.	Within 10 years before you filed for bankr beneficiary? (These are often called asset-  No  Yes. Fill in the details.		ny property to a self-sett	led trust or similar device	of which you are a	
	Name of trust	Description and	value of the property tra	nsferred	Date Transfer was made	
Pai	rt 8: List of Certain Financial Accounts,	Instruments, Safe Deposi	t Boxes, and Storage U	nits		
<ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, or sold, moved, or transferred?         Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, bro houses, pension funds, cooperatives, associations, and other financial institutions.         No             Yes. Fill in the details.         </li> </ul>						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe	
21.	Do you now have, or did you have within cash, or other valuables?	1 year before you filed fo	r bankruptcy, any safe d	leposit box or other depos	sitory for securities,	
	Yes. Fill in the details.					
	Name of Financial Institution	Who else had ac	cess to it? Describ	e the contents	Do you still	

State and ZIP Code)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

State and ZIP Code)

Address (Number, Street, City,

■ No
□ Yes. Fill in the details.
Name of Storage Facility

Name of Storage Facility

Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City,

Describe the contents

Do you still have it?

have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

■ No

Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Where is the property? (Number, Street, City, State and ZIP

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

		_		
Debtor 1	Malissa	(:	Finnegan	

Case number (if known)

	24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
	■ No □ Yes. Fill in the details.								
Governmental unit Environmental law, if you Address (Number, Street, City, State and ZIP Code) Date of notice	Name of site Address (Number, Street, City, State and ZIP Code)								
release of hazardous material?	. Have you notified any governmental unit of an								
	■ No □ Yes. Fill in the details.								
Governmental unit Address (Number, Street, City, State and ZIP Code)  Environmental law, if you know it	Name of site Address (Number, Street, City, State and ZIP Code)								
trative proceeding under any environmental law? Include settlements and orders.	. Have you been a party in any judicial or admir								
	■ No □ Yes. Fill in the details.								
Court or agency Nature of the case Status of the case Address (Number, Street, City, State and ZIP Code)	Case Title Case Number								
nections to Any Business	art 11: Give Details About Your Business or Co								
lid you own a business or have any of the following connections to any business?	. Within 4 years before you filed for bankruptcy								
rade, profession, or other activity, either full-time or part-time	☐ A sole proprietor or self-employed in a								
(LLC) or limited liability partnership (LLP)	☐ A member of a limited liability compar								
	☐ A partner in a partnership								
ve of a corporation	☐ An officer, director, or managing exec								
equity securities of a corporation	☐ An owner of at least 5% of the voting of								
2.	■ No. None of the above applies. Go to Par								
e details below for each business.	☐ Yes. Check all that apply above and fill in								
Scribe the nature of the business Employer Identification number									
me of accountant or bookkeeper  Dates business existed									
lid you give a financial statement to anyone about your business? Include all financial	. Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.								
,	<b>-</b>								
,	■ No								
	Yes. Fill in the details below.								
Do not include Social Security me of accountant or bookkeeper  Dates business existed	Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.								

Debto	Malissa C Finnegan	Case number (if known)
Part 1	2: Sign Below	
are tru with a	e and correct. I understand that making a false	Affairs and any attachments, and I declare under penalty of perjury that the answers statement, concealing property, or obtaining money or property by fraud in connection 000, or imprisonment for up to 20 years, or both.
/s/ Ma	alissa C Finnegan	
	sa C Finnegan ture of Debtor 1	Signature of Debtor 2
Date	November 10, 2019	Date
•	u attach additional pages to Your Statement of	Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did yo	u pay or agree to pay someone who is not an at	torney to help you fill out bankruptcy forms?
■ No		
☐ Yes	. Name of Person Attach the Bankruptcy P	etition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	ation to identify your o	case:		
Debtor 1	Malissa C Finnega	an		
Dahtano	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	EASTERN DISTRI	CT OF NEW YORK	
Case number				
(if known)				☐ Check if this is an amended filing
Official For Statemen		n for Indiv	iduals Filing Under C	hapter 7 12/15
<ul><li>■ creditors have</li><li>■ you have lease</li><li>You must file this</li></ul>	er is earlier, unless the	ir property, or nd the lease has no ithin 30 days after y	ot expired. you file your bankruptcy petition or by th	e date set for the meeting of creditors, pies to the creditors and lessors you list
	ople are filing together I date the form.	in a joint case, bot	h are equally responsible for supplying	correct information. Both debtors must
	nd accurate as possib ur name and case nun		needed, attach a separate sheet to this	form. On the top of any additional pages,
Part 1: List Yo	ur Creditors Who Have	Secured Claims		
-	rs that you listed in Pa		Creditors Who Have Claims Secured by	Property (Official Form 106D), fill in the
	ditor and the property th	nat is collateral	What do you intend to do with the properties a debt?	Did you claim the property as exempt on Schedule C?
Creditor's <b>Na</b>	ntionstar Mortgage L	LC	■ Surrender the property.  □ Retain the property and redeem it.	■ No
Description of property securing debt:	196 Minrol Street P Station, NY 11776 County Original Creditor N Mortgage	Suffolk	<ul> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>	☐ Yes
For any unexpired in the information	below. Do not list rea	ise that you listed i		Unexpired Leases (Official Form 106G), fill effect; the lease period has not yet ended. § 365(p)(2).
Describe your ur	nexpired personal prop	erty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of least Property:	sed			☐ Yes
Lessor's name: Description of leas	sed			□ No
Property:	,,,,			☐ Yes

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

Del	otor 1	Malissa C Finnegan	Case number (if known)
	sor's na		□ No
		n of leased	
Pro	perty:		☐ Yes
Les	sor's na	ame:	□ No
		n of leased	
Pro	perty:		☐ Yes
	sor's na		□ No
		of leased	<u>_</u>
Pro	perty:		☐ Yes
	sor's na		□ No
		n of leased	
Pro	perty:		☐ Yes
	sor's na		□ No
		n of leased	
Pro	perty:		☐ Yes
Par	t 3:	Sign Below	
		alty of perjury, I declare that I have indicated my at is subject to an unexpired lease.	intention about any property of my estate that secures a debt and any personal
Χ	/s/ M	alissa C Finnegan	Χ
		ssa C Finnegan	Signature of Debtor 2
		ture of Debtor 1	
	Date	November 10, 2019	Date
		·	

Fill in this i	information to identify your case:				only as d	irected i	n this form and	in Form
Debtor 1	Malissa C Finnegan			2A-1Supp:				
Debtor 2 (Spouse, if fili				■ 1. There	is no pres	umption	of abuse	
United Sta	tes Bankruptcy Court for the: Eastern District of	New York		applie	s will be n	nade un	der <i>Chapter 7 i</i>	mption of abuse Means Test
Case num (if known)	ber		_     ,		,		m 122A-2). ot apply now be	ecause of
				qualifi	ed military	service	but it could ap	ply later.
<b>.</b>	. =			☐ Check if	f this is a	n amer	nded filing	
	I Form 122A - 1							
Chapt	er 7 Statement of Your Cur	rent Mor	nthly Inc	ome				10/19
attach a sep case numbe	lete and accurate as possible. If two married people a parate sheet to this form. Include the line number to wer (if known). If you believe that you are exempted from illitary service, complete and file Statement of Exemp	hich the addition n a presumption	nal information a of abuse becau	applies. On the	ne top of a	ny additi narily co	onal pages, writ	e your name and r because of
1. What	is your marital and filing status? Check one on	ly.						
□ No	ot married. Fill out Column A, lines 2-11.							
□м	arried and your spouse is filing with you. Fill ou	t both Columns	A and B, lines	2-11.				
■ м	arried and your spouse is NOT filing with you.	You and your s	spouse are:					
	Living in the same household and are not lega	Ily separated. F	Fill out both Co	lumns A and	B, lines 2	2-11.		
	<b>Living separately or are legally separated.</b> Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	egally separated	l under nonban	kruptcy law	that applie	es or tha		
101(10A) the 6 mo	e average monthly income that you received from all a b. For example, if you are filing on September 15, the 6-m nths, add the income for all 6 months and divide the total own the same rental property, put the income from that p	onth period would by 6. Fill in the res	be March 1 throi sult. Do not includ	ugh August 31 de any income	. If the amo amount m	ount of your	our monthly incomonce. For examp	ne varied during le, if both
				Column A Debtor 1			nn B or 2 or iling spouse	
	gross wages, salary, tips, bonuses, overtime, all deductions).	and commissio	ons (before all	\$	0.00	\$	2,481.95	
	<b>ony and maintenance payments.</b> Do not include mn B is filled in.	payments from	a spouse if	\$	0.00	\$	0.00	
of yo from and r	mounts from any source which are regularly pa u or your dependents, including child support. an unmarried partner, members of your household oommates. Include regular contributions from a sp in. Do not include payments you listed on line 3.	Include regular I, your depender	contributions nts, parents,	\$	0.00	\$	0.00	
5. Net i	ncome from operating a business, profession,							
			tor 1					
	s receipts (before all deductions)	\$ 0.00 -\$ 0.00						
	ary and necessary operating expenses nonthly income from a business, profession, or farr		Copy here ->	\$	0.00	\$	0.00	
	ncome from rental and other real property		оору пого и	<b>–</b>		<b>~</b>		
6. <b>Net i</b> i	ncome from remai and other real property	Deb	tor 1					
Gross	s receipts (before all deductions)	\$ 0.00						
	ary and necessary operating expenses	-\$ 0.00						
	nonthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	0.00	
7. Interes	est, dividends, and royalties			\$	0.00	\$	0.00	

Official Form 122A-1

btor 1	Malissa C Finnegan			Case numb	er (if known)			
				Column A Debtor 1		Column E Debtor 2 non-filing		
Ur	employment compensation			\$	0.00	\$	0.00	
	not enter the amount if you contend that the amount e Social Security Act. Instead, list it here:	t received was a bene	fit under					-
	For you \$		.00					
	For your spouse \$		.00					
be no Ur dis pa do	ension or retirement income. Do not include any ame nefit under the Social Security Act. Also, except as sit include any compensation, pension, pay, annuity, outled States Government in connection with a disability are death of a member of the uniformed service y paid under chapter 61 of title 10, then include that pees not exceed the amount of retired pay to which you etired under any provision of title 10 other than chapter include that peetired under any provision of title 10 other than chapter.	tated in the next sente or allowance paid by the ty, combat-related inju- tes. If you received any pay only to the extent or would otherwise be e	ence, do le lry or y retired that it	\$	0.00	\$	0.00	
Do red do Ur dis	come from all other sources not listed above. Special on the include any benefits received under the Social Serived as a victim of a war crime, a crime against hur mestic terrorism; or compensation, pension, pay, anrited States Government in connection with a disability ability, or death of a member of the uniformed servicurces on a separate page and put the total below.	ecify the source and ar Security Act; payments manity, or internationa nuity, or allowance pai ty, combat-related inju	s I or d by the Iry or					-
	driver			\$	0.00	\$	500.00	-
	Disabilty				2,405.00	\$	0.00	-
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	-
ea rt 2:	ch column. Then add the total for Column A to the to  Determine Whether the Means Test Applies to		\$	2,405.00	+	2,981.95	Tota	5,386.95
2. <b>C</b> a	lculate your current monthly income for the year	Follow these steps:						
12	a. Copy your total current monthly income from line 1	l1		Cop	oy line 11	here=>	\$	5,386.95
	Multiply by 12 (the number of months in a year)						X	12
12	b. The result is your annual income for this part of the	e form				12	2b. \$	64,643.40
3. <b>C</b> a	lculate the median family income that applies to	you. Follow these ster	ps:					
Fil	I in the state in which you live.	NY						
Fil	I in the number of people in your household.	3						
	I in the median family income for your state and size	of household				11	3. \$	86,670.00
To	find a list of applicable median income amounts, go this form. This list may also be available at the bank	online using the link s	pecified	in the sepa	rate instruc		J	
1. Hc	ow do the lines compare?							
14	a. Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1, ch	neck box	1, There is	no presun	nption of abo	use.	
14	_	of page 1, check box 2	, The pr	esumption o	of abuse is	determined	by Form	122A-2.
rt 3:	Sign Below							
	By signing here, I declare under penalty of perjury	that the information o	n this st	atement and	d in any att	achments is	true and	correct.
	X /s/ Malissa C Finnegan							
	Malissa C Finnegan Signature of Debtor 1							
Г	pate November 10. 2019							

Debtor 1	Malissa C Finnegan	Case number (if known)		
	MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form.			

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Eastern District of New York

Eastern District of New York					
In re Malissa C Finnegan		Case No.			
	Debtor(s)	Chapter	7		
DISCLOSURE OF COMPENSA	TION OF ATTO	RNEY FOR DE	EBTOR(S)		
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or i	the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to		
For legal services, I have agreed to accept		\$	1,500.00		
Prior to the filing of this statement I have received		s	1,500.00		
Balance Due		\$	0.00		
2. The source of the compensation paid to me was:					
■ Debtor □ Other (specify):					
3. The source of compensation to be paid to me is:					
■ Debtor □ Other (specify):					
4. I have not agreed to share the above-disclosed compensation	ion with any other person	unless they are mem	bers and associates of my law firm.		
☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of					
5. In return for the above-disclosed fee, I have agreed to render l	legal service for all aspec	ts of the bankruptcy c	ase, including:		
<ul> <li>a. Analysis of the debtor's financial situation, and rendering a</li> <li>b. Preparation and filing of any petition, schedules, statement</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on househ</li> </ul>	t of affairs and plan which d confirmation hearing, a se to market value; ex s needed; preparation	h may be required; nd any adjourned hea emption planning;	rings thereof; preparation and filing of		
<ol> <li>By agreement with the debtor(s), the above-disclosed fee does         Representation of the debtors in any dischar         any other adversary proceeding.     </li> </ol>			es, relief from stay actions or		
CE	ERTIFICATION				
I certify that the foregoing is a complete statement of any agrethis bankruptcy proceeding.	eement or arrangement fo	r payment to me for re	epresentation of the debtor(s) in		
November 10, 2019	/s/ Glenn A. Reic	helscheimer, Esq.			
Date	Glenn A. Reiche Signature of Attorn	lscheimer, Esq. gr	9567		
	The Law Office of	of Glenn A. Reichel	scheimer		
	98-87 Queens BI Rego Park, NY 1				
	718-459-5870 Fa				
	greichelscheime	r@ix.netcom.com			
	Name of law firm				

#### United States Bankruptcy Court Eastern District of New York

In re	Malissa C Finnegan		Case No.	
		Debtor(s)	Chapter	7

#### **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

USBC-44 Rev. 9/17/98

Amazon/Synchrony Bk PO Box 105972 Atlanta, GA 30348-5972

American Express PO box 1270 Newark, NJ 07101-1270

Capital One PO Box 71083 Charlotte, NC 28272-1083

Capital One/Dressbarn C/O Midland Credit Mgmt I PO Box 2000 Warren, MI 48090-2000

Chase Cardmember Services PO Box 15153 Wilmington, DE 19886-5153

Chase Cardmember Svcs PO Box 15153 Wilmington, DE 19886-5153

Citibank/Bestbuy C/O Radius Global Sol PO Box 390905 Mail Cde CBBK2 Minneapolis, MN 55439

Credit One PO Box 60500 City of Industry, CA 91716-0500

Discover Card Bankruptcy UNIT PO BOX 16316 Wilmington, DE 19850

Home Depot Credit Svcs Processing Center Des Moines, IA 50364-0500 James Finnegan 196 Minrol Street Port Jefferson Station, NY 11776

JC Penney PO Box 960090 Orlando, FL 32896-0090

JC Penney PO Box 960090 Orlando, FL 32896-0090

Kohl's PO Box 2983 Milwaukee, WI 53281-2983

Macy's PO Box 9001108 Louisville, KY 40290-1108

Macy's /American Express PO Box 9001108 Louisville, KY 40290-1108

Merrick Bank PO Box 171379 Salt Lake City, UT 84117-1139

NAPA EASYPAY SYNCH BK po bOX 960061 Orlando, FL 32896-0061

Nationstar Mortgage LLC C/O RAS Boroxlin, LLC 900 Merchants Concourse Suite 310 Westbury, NY 11590

Nationstar Mortgage LLC C/O RAS Boriskin, LLC 900 Merchants Concourse, Suite 310 Westbury, NY 11590

Smart Tuition PO Box 11731 Newark, NJ 07101-4731

Synchrony Bank C/O Solomon & Solomon PC One Columbia Circle Albany, NY 12203

Target Card Svc/TD Bk 3901 West 53rd street Sioux Falls, SD 57106-4216

TJX Rewards c/o Synchrony Zwicker & Associates PC 80 Minuteman Road Andover, MA 01810-1008

Toy R Us/CC/SYNCB PO Box 530938 Atlanta, GA 30353-0938

Victoria Secrets PO Box 659728 San Antonio, TX 78265-8728

Walmart/Synchr C/O Portfolio Recovery PO Box 12914 Norfolk, VA 23541

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

# STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

· · · · · · · · · · · · · · · · · · ·
Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:
[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
2. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
3. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:

**DEBTOR(S):** Malissa C Finnegan

DISCLOSURE OF RELATED CASES (cont'd)			
CURRENT STATUS OF RELATED CASE:			
(Disc	charged/awaiting discharge, confirmed, dismissed, etc.)		
MANNER IN WHICH CASES ARE RELATED (Refer to No	OTE above):		
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A SCHEDULE "A" OF RELATED CASE:	" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN		
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who be eligible to be debtors. Such an individual will be required	to have had prior cases dismissed within the preceding 180 days may not to file a statement in support of his/her eligibility to file.		
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTOL	RNEY, AS APPLICABLE:		
I am admitted to practice in the Eastern District of New York	(Y/N): <u>Y</u>		
CERTIFICATION (to be signed by pro se debtor/petitioner or	debtor/petitioner's attorney, as applicable):		
I certify under penalty of perjury that the within bankruptcy ca as indicated elsewhere on this form.	ase is not related to any case now pending or pending at any time, except		
/s/ Glenn A. Reichelscheimer, Esq.			
Glenn A. Reichelscheimer, Esq. gr9567 Signature of Debtor's Attorney The Law Office of Glenn A. Reichelscheimer 98-87 Queens Blvd	Signature of Pro Se Debtor/Petitioner		
Rego Park, NY 11374 718-459-5870 Fax:718-459-1593	Signature of Pro Se Joint Debtor/Petitioner		
	Mailing Address of Debtor/Petitioner		
	City, State, Zip Code		
	Area Code and Telephone Number		

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009